

| CLAIMS ONLY | | | | | | Application Number 10625409 | Filing Date | |
|---|----------|--------|-----------------------|--------|------------------------|--------------------------------|-------------|--------|
| | | | | | | Applicant(s) | | |
| * May be used for additional claims or amendments | | | | | | | | |
| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | | | |
| | Indep | Depend | Indep | Depend | Indep | Depend | Indep | Depend |
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| Total Indep | | | 12 | | | | | |
| Total Depend | | | 26 | | | | | |
| Total Claims | | | 36 | | | | | |